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APPLICANTS

MICHAEL E. MENDELSON, WELLESLEY, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>MDP</i>	Initials	

ADDRESS

21559
CLARK & ELBING LLP
101 FEDERAL STREET
BOSTON, MA
02110

TITLE

METHOD FOR ASSAYING COMPOUNDS AFFECTING CELL DIVISION

USING GSTROGEN RECEPTOR BETA (ERβ)
AND MITOSIS ARREST DEFICIENT 2 (MAD2)

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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